

**DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS**

1700 K STREET  
SACRAMENTO, CA 95814-4037  
TDD (916) 445-1942  
(916) 322-7012



Date: April 8, 2005

To: Youth Alcohol and Drug Treatment Providers in Los Angeles and Sacramento Counties

From: Michael S. Cunningham, CARE Project Director

Subject: Invitation to Become an Assessment Provider for the California Access to Recovery Effort Program

The purpose of this letter is to invite you to submit an application for participation in the California Access to Recovery Effort (CARE) program. The Department of Alcohol and Drug Programs (ADP) is currently accepting assessment provider applications from ADP-certified alcohol and other drug (AOD) treatment programs in Los Angeles and Sacramento Counties that specialize in serving substance abusing youth. ADP and the AOD administrator in your county identified your program as meeting the eligibility criteria to become a CARE program assessment center provider.

The CARE program is funded by a three-year federal grant and will provide vouchers to substance abusing 12-20 year olds in Los Angeles and Sacramento Counties for AOD treatment and recovery support services. Eligible youth will be able to choose a provider that meets their needs and preferences from a network of eligible programs located in one of the two target counties. CARE vouchers will be issued beginning May 31, 2005.

Assessment centers will be the entry point for all CARE clients. Youth will be referred to an assessment center from the call-in center, the CARE website, and other referral sources. Assessment providers will be responsible for determining client eligibility, collecting mandated client data, conducting a comprehensive assessment, identifying which services the client needs, presenting provider options to client, and assigning a CARE coordinator (case manager) to the client.

An overview of the program with requirements for provider participation is enclosed. The requirements are based on specifications in the Access to Recovery Program Notice of Funding Announcement published by the Substance Abuse and Mental Health Services Administration in March 2004, and in ADP's grant application. A more detailed policies and procedures manual will be distributed to providers once they are approved for participation. Also, you can access ADP's *Youth Treatment Guidelines* online at [www.adp.ca.gov/youth/pdf/Youth\\_Treatment\\_Guidelines.PDF](http://www.adp.ca.gov/youth/pdf/Youth_Treatment_Guidelines.PDF).



**DO YOUR PART TO HELP CALIFORNIA SAVE ENERGY**  
For energy saving tips, visit the Flex Your Power website at  
<http://www.flexyourpower.ca.gov>

Youth AOD Treatment Providers  
Page Two

To apply, please complete and submit one original hardcopy of the enclosed application to the address shown below:

CARE Program  
Department of Alcohol and Drug Programs  
1700 K Street, 4<sup>th</sup> Floor  
Sacramento, CA 95814

ADP will notify providers of eligibility status within 30 days of receipt of a complete application. Incomplete applications will delay the approval process. Following application approval, your agency will also receive training related to CARE program requirements.

Initial training for assessment providers is scheduled as follows:

Sacramento Training  
May 10-11, 2005  
9 a.m. to 4:30 p.m.  
Sacramento County Elections and Sheriff's Office  
7000 65<sup>th</sup> Street  
Sacramento, CA

Los Angeles Training:  
May 25-26, 2005  
9 a.m. to 4:30 p.m.  
Alhambra Auditorium  
1000 South Fremont Avenue  
Alhambra, CA 91803

A flyer with more detailed information about the training will be sent to you when your application is approved. The training will cover the following topics:

- An overview of the CARE program;
- Program requirements and roles and responsibilities;
- Program processes;
- The web-based CARE system;
- Performance objectives;
- Billing and reimbursement processes; and
- Data collection and reporting requirements.

If you have questions or need additional information, please contact Sue Heavens, CARE Project Coordinator, at (916) 445-0323.

Enclosures: CARE Program Overview  
Assessment Provider Application

cc: Toni Moore, Sacramento County Alcohol and Drug Program Administrator  
Patrick Ogawa, Los Angeles County Alcohol and Drug Program Administrator  
Gregg Murakami, Los Angeles County Adolescent Treatment Coordinator  
Marguerite Story-Baker, Sacramento County Youth Treatment Coordinator

State of California – Health and Human Services Agency  
Department of Alcohol and Drug Programs

CALIFORNIA ACCESS TO RECOVERY EFFORT (CARE)

**PROGRAM APPLICATION FOR  
ASSESSMENT PROVIDERS**

Instructions

Please type or print legibly and mail completed application to: **Department of Alcohol and Drug Programs, CARE Program, 1700 K Street, 4<sup>th</sup> Floor, Sacramento, CA 95814.** Retain a copy of the completed application for your files. Questions can be directed to Sue Heavens at (916) 445-0323.

**SECTION 1: PROGRAM INFORMATION SHEET**

**PROGRAM NAME:** \_\_\_\_\_

**DOING BUSINESS AS (DBA) NAME:** \_\_\_\_\_

**TAX ID NUMBER (TIN):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
(location where services will be provided)

**MAILING ADDRESS:** \_\_\_\_\_  
(If different from above)

Please list the following contact/referral information for the CARE Program Directory. If your organization has more than one location, please fill out the attached ***Program Information Sheet Addendum*** for each additional service location.

**CONTACT NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **TOLL FREE #:** \_\_\_\_\_

**FAX:** \_\_\_\_\_ **TTY:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**WEBSITE:** \_\_\_\_\_

Do you want a link to this website on the CARE Program Directory? **Yes [ ] No [ ]**

Please list the following contact information for all other program inquiries (if different from above)

**CONTACT NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **TOLL FREE #:** \_\_\_\_\_

**FAX:** \_\_\_\_\_ **TTY:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

### **HOURS OF OPERATION**

Monday: \_\_\_\_\_ Friday: \_\_\_\_\_  
Tuesday: \_\_\_\_\_ Saturday: \_\_\_\_\_  
Wednesday: \_\_\_\_\_ Sunday: \_\_\_\_\_  
Thursday: \_\_\_\_\_

### **CORPORATE STATUS**

☐ Profit Corporation      ☐ Nonprofit Corporation      ☐ Governmental Entity  
☐ Sole Proprietor      ☐ Partnership

### **AUTHORIZED SIGNATURE**

The undersigned affirms that the facts contained in this application and supporting documents are true and correct.

If the applicant is a **sole proprietor**, the proprietor must sign the application.  
If the applicant is a **partnership**, each partner must sign the application  
If the applicant is a **firm, association, corporation, or governmental entity**, the chief executive officer or the individual legally responsible for representing the firm, association, corporation or governmental entity must sign the application. The application must include the resolution or board minutes authorizing the individual to sign.

Name Typed: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **SECTION 2: PROGRAM INFORMATION SHEET ADDENDUM**

Complete the sections below if you have additional or different locations. Please fill out one addendum for each additional service delivery location.

Please list the following contact/referral information for the CARE Program Directory.

**CONTACT NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **TOLL FREE #:** \_\_\_\_\_

**FAX:** \_\_\_\_\_ **TTY:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**WEBSITE:** \_\_\_\_\_

Do you want a link to this website on the CARE Program Directory? **Yes** [ ☐ ] **No** [ ☐ ]

Please list the following contact information for all other program inquiries (if different from above)

**CONTACT NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **TOLL FREE #:** \_\_\_\_\_

**FAX:** \_\_\_\_\_ **TTY:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

### **HOURS OF OPERATION:**

Monday: \_\_\_\_\_ Friday: \_\_\_\_\_

Tuesday: \_\_\_\_\_ Saturday: \_\_\_\_\_

Wednesday: \_\_\_\_\_ Sunday: \_\_\_\_\_

Thursday: \_\_\_\_\_

### **SECTION 3: DOCUMENTATION REQUIREMENTS FOR ASSESSMENT PROVIDERS**

Please attach the following:

- A signed copy of the Program Information Sheet (Section 1)
- If the organization is applying for more than one service location, a copy of the Program Information Sheet Addendum (Section 2)
- A copy of the organization's current certification(s) from ADP as evidence of compliance with the AOD program standards
- A signed Program Acknowledgements page (Section 5)
- A signed Self-Certification of Compliance with ADP's Youth Treatment Guidelines (Section 6)

Does the organization meet the minimum computer workstation requirements described below?   ☐ Yes   ☐ No   If no, please explain how the organization will meet the requirements to submit and receive information via the internet-based CARE system.

<b>Category</b>	<b>System Requirement</b>
Operating System Version	Windows XP Pro
Computer Processor	450 Mhz or higher
Memory	256 MB or higher
Browser Version	Internet Explorer 6.0 or higher, with current service packs
Virus Protection	Required. Virus protections must be kept current.
Monitor	Capable screen resolution of 1024 x 768
Printer	Required for printing reports
E-mail	Internet e-mail address
Bandwidth	Fastest network connection available and economical to you. Recommend DSL or cable modem.

Which of the following AOD screening instrument(s) does the organization use? (Due to the age range of the target population (12 through 20), two tools may be necessary.)

√	AOD Screening Instrument	Target Population
	Adolescent SASSI-A2	Adolescent
	Adult SASSI-3	Adults
	Drug Use Screening Inventory – Revised, Adult Form	16 years of age and older
	Drug Use Screening Inventory – Revised, Youth Form	10 – 16 years of age
	Juvenile Automated Substance Abuse Evaluation	Adolescent
	Personal Experience Screening Questionnaire	12 – 18 years of age
	Personal Experience Screening Questionnaire - Adult	19 years of age and older

Which of the following assessment instrument(s) does the organization use? (Due to the age range of the target population (12 through 20), two tools may be necessary.)

√	Assessment Instrument	Target Population
	Addiction Severity Index (ASI)	Adult
	Adolescent Addiction Severity Index (ASI) Questionnaire	Adolescent
	Adolescent Diagnostic Interview (ADI)	Adolescent
	Adolescent Drug Abuse Diagnosis (ADAD)	Adolescent
	Comprehensive Adolescent Severity Inventory (CASI)	Adolescent
	Global Appraisal of Individual Needs (GAIN) – Initial, core only	Adolescent and Adult
	Personal Experience Inventory (PEI)	12-18 years of age
	Personal Experience Inventory (PEI) – Adult	19 years of age and older
	Teen Addiction Severity Index (T-ASI)	Adolescent

Describe the minimum qualifications and/or training required of program staff who will perform CARE program assessments:

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Describe the minimum qualifications and/or training required of program staff who will be CARE coordinators (if different from above):

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Describe the placement criteria or treatment matching process that will be utilized to determine the appropriate level of care for clients:

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If the organization is applying for participation as both an assessment and treatment provider, please address how potential conflicts of interest will be prevented:

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#### **SECTION 4: PROGRAM ACKNOWLEDGEMENTS PAGE**

The undersigned acknowledges that he/she understands their organization's role and general responsibilities under the CARE program, as described in the CARE Program Overview, and agrees to comply with the requirements listed therein and summarized below:

- Make every effort to provide assessments to youth immediately upon referral.
- Utilize staff with the necessary qualifications, training, and knowledge to assess youth with AOD problems.
- Use one of the standardized assessment instruments identified.
- Maintain the necessary information system requirements.
- Offer consumers individual choice as to service provider.
- Accept the authorized services and rates offered by the CARE program and be reimbursed after services are provided.
- Participate in performance assessments and regional performance meetings.
- Participate in training provided by MAXIMUS and/or ADP to carry out the duties and responsibilities under the program.
- Notify MAXIMUS whenever there are changes to program information, such as a change in program location, contact information, types of services offered, hours of operation, etc.
- Secure and protect the privacy and confidentiality of client information in accordance with HIPAA and 42 CFR.
- Collect all mandated data and report such data to MAXIMUS within the specified timeframes.

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## **SECTION 5: SELF-CERTIFICATION OF COMPLIANCE WITH ADP'S YOUTH TREATMENT GUIDELINES**

The undersigned has read the *Youth Treatment Guidelines* and agrees to comply with the overarching principles for effective AOD treatment for youth reflected in the *Guidelines* and as summarized below:

- Comprehensive and integrated services for youth. These include best practices related to assessment, treatment planning, counseling, youth development approaches, family interventions and support systems, educational and vocational activities, structured recovery related activities, alcohol and drug testing, discharge planning, and continuing care;
- Adherence to health and safety concerns (care and supervision of minors, medication management, emergency services, detoxification, background clearances for staff and volunteers);
- Appropriate service coordination and collaboration (case management and complementary services, critical linkages);
- Cultural, language, developmental, age, and gender competence;
- Compliance with applicable laws and regulations related to legal and ethical issues (consent, confidentiality, criminal reporting, client rights, grievance procedures);
- Qualified staff; and
- Administrative infrastructure (program rules and procedures, data collection and reporting).

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_